

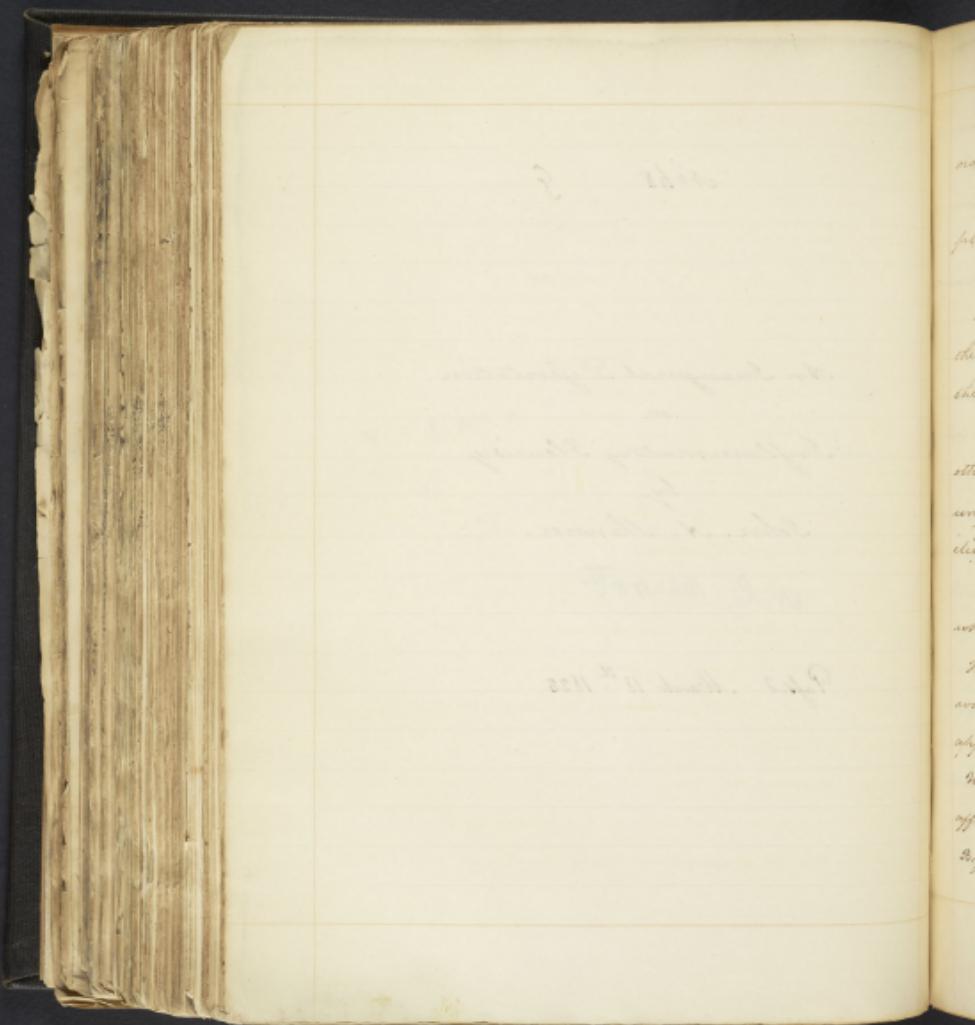
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An Inaugural Dissertation
on
Inflammatory Pleurisy
by
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N. C. 146 578th

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We shall treat of this disease in the following order.

First. The Nature; Second. Variety; Third. Some Inflammatory Pleurys.

First the Nature of the disease.

The existence of this disease has been known since the days of Hippocrates; but it is of late only, that the true nature of it has been understood.

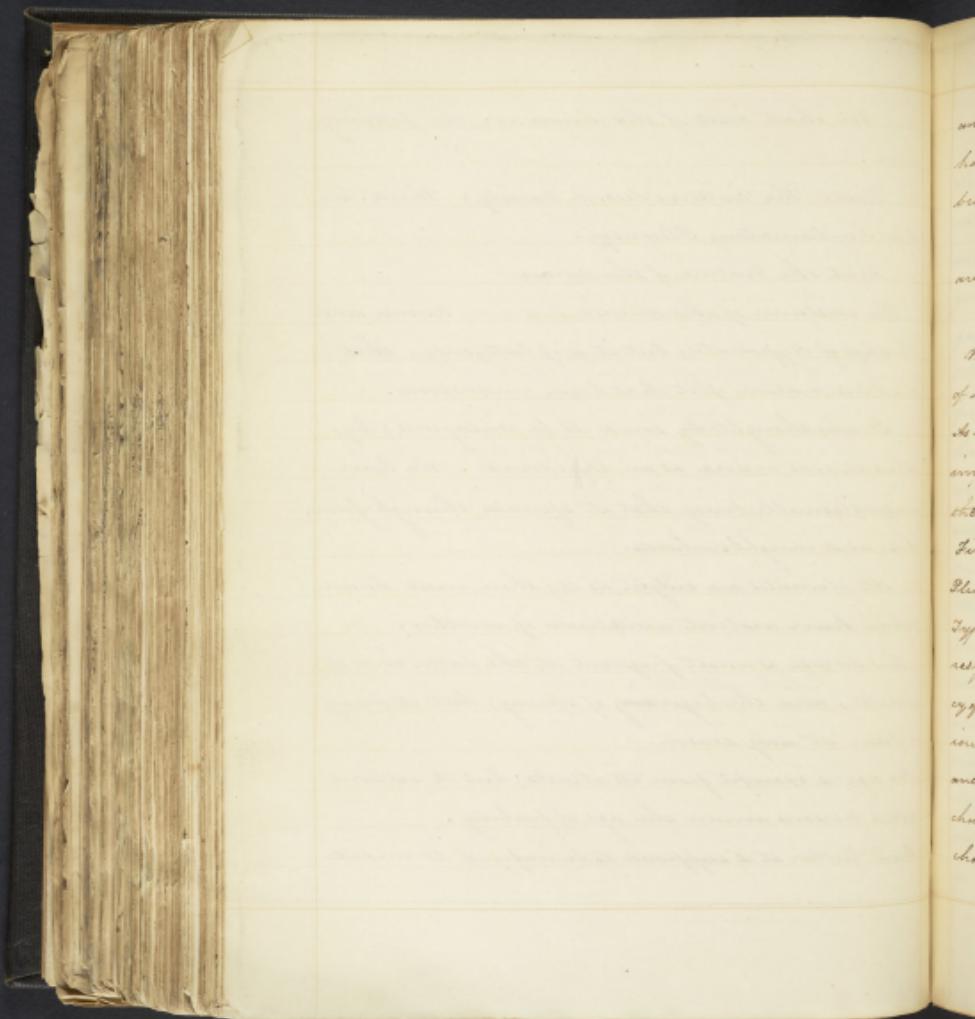
It was thought by some to be contagious; by others it was viewed as an epidemie. We have unquestionable proof that it spreads through families, and neighbourhoods.

All climates are subject to it; those most however which have violent reciprocals of weather.

This disease is most frequent at the latter end of winter, and the beginning of spring; but it may appear at any season.

No age is exempt from its attacks; but it seldom affects persons under the age of puberty.

By D'Ulier it is supposed to be confined to middle



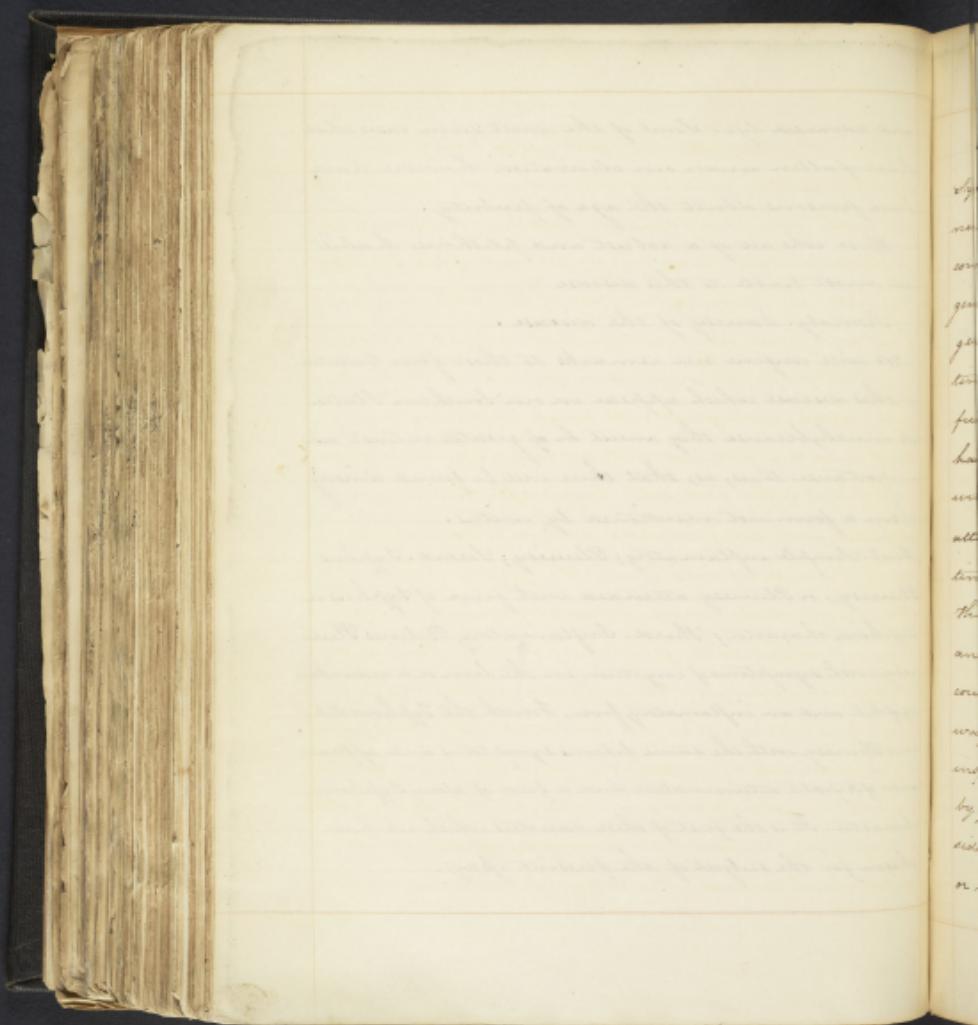
and advanced life. Some of the most severe cases which have fallen under our observation however have been persons about the age of puberty.

Those who are of a robust and plethoric habit are most liable to this disease.

Secondly. Variety of the disease.

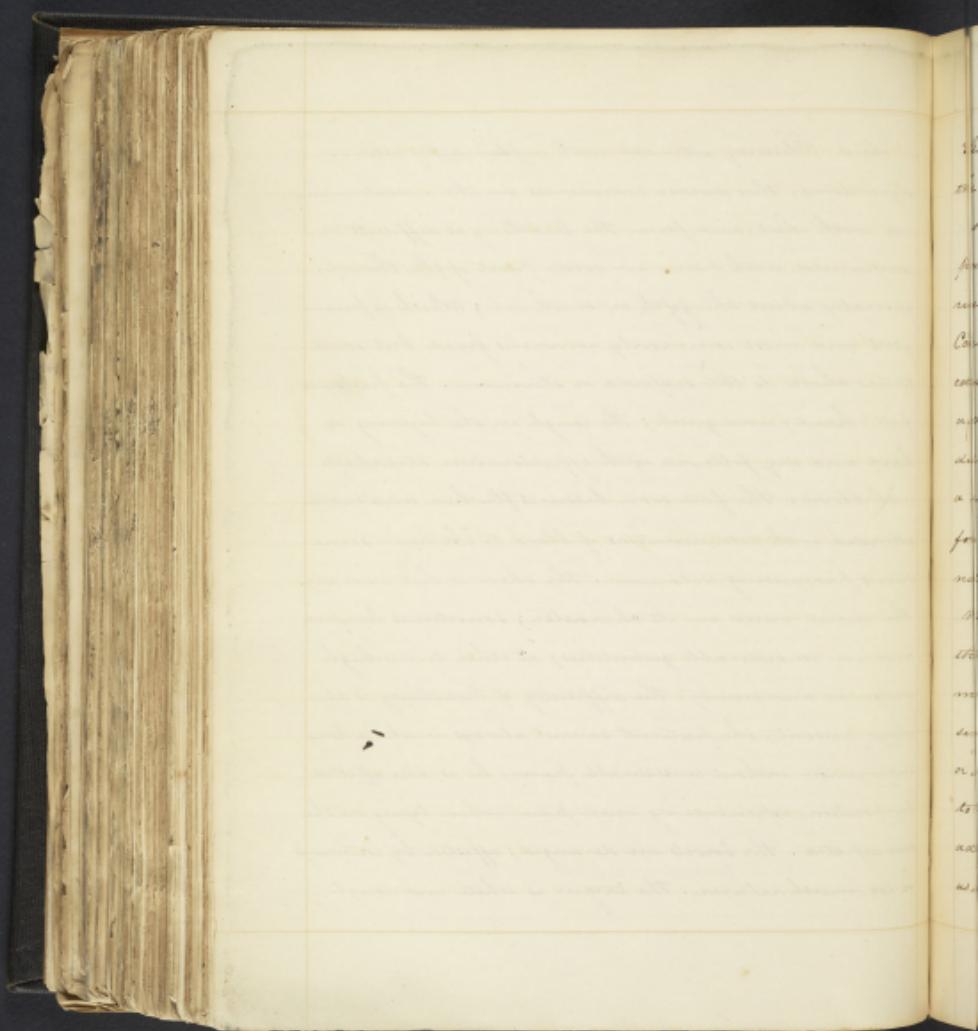
We will confine our remarks to those four varieties of this disease which appear in our Southern States. As much, because they must be of greater interest and importance to us, as, that there will be found among them a form not mentioned by writers.

First. Simple inflammatory Pleurisy; Second. Typhus Pleurisy, or Pleurisy attended with fever of Typhus or Typhoic character; Third. Inflammatory Bilious Pleurisy, with symptoms of congestion in the liver or a redundancy of bile and an inflammatory fever; Fourth the Typhoic Bilious Pleurisy, with the same bilious symptoms and appearance of Hepatic determination and a fever of alone Typhoic character. It is the first of these varieties which we have chosen for the subject of the present paper.



Third. Pleurisy attended with inflammatory action.

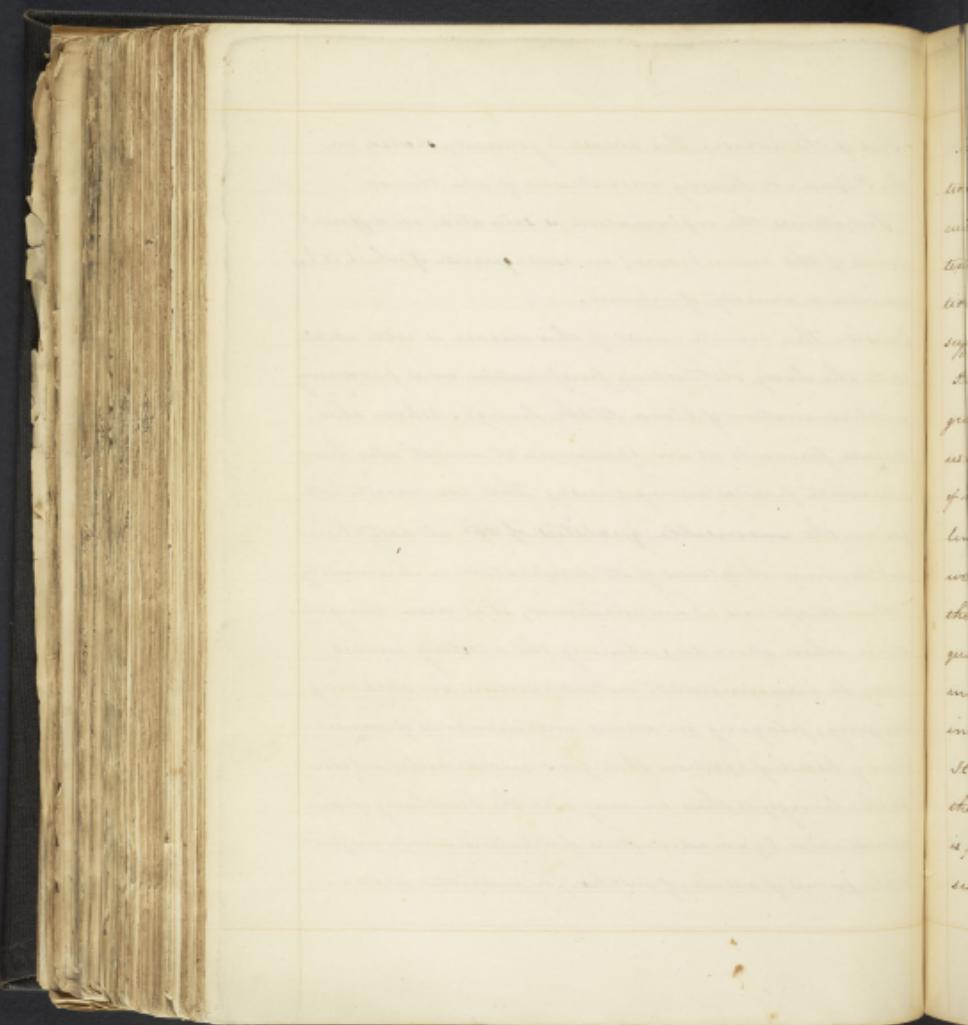
Symptoms. This disease commences in the usual manner with chil, and fever. The breathing is difficult accompaniwd with pain in some part of the thorax, generally about the fifth or sixth rib; which is painful and most commonly remains fixed but sometimes shoots to the scapula or sternum. The pulse is full, hard, and quick; the cough in the begining is hard and dry followed with expectoration streaked with blood. The face soon becomes flushed and swoln attended with determinations of blood to the head sometimes producing delirium. The skin is hot and dry, the urine varies in its character; sometimes limpid and in considerable quantities; at other times high coloured and scanty. The difficulty of breathing is always present, the patient cannot always make a long inspiration without considerable pain, he is also affected by position, experiencing most pain when lying on the side affected. The bowels are deranged; affected by constiup or too much relaxed. The tongue is white and rough



seat of the disease. This disease is generally seated in the Pleura, or lining membrane of the thorax.

Sometimes the inflammation is situated in different parts of the membrane; in consequence of which it has received a variety of names.

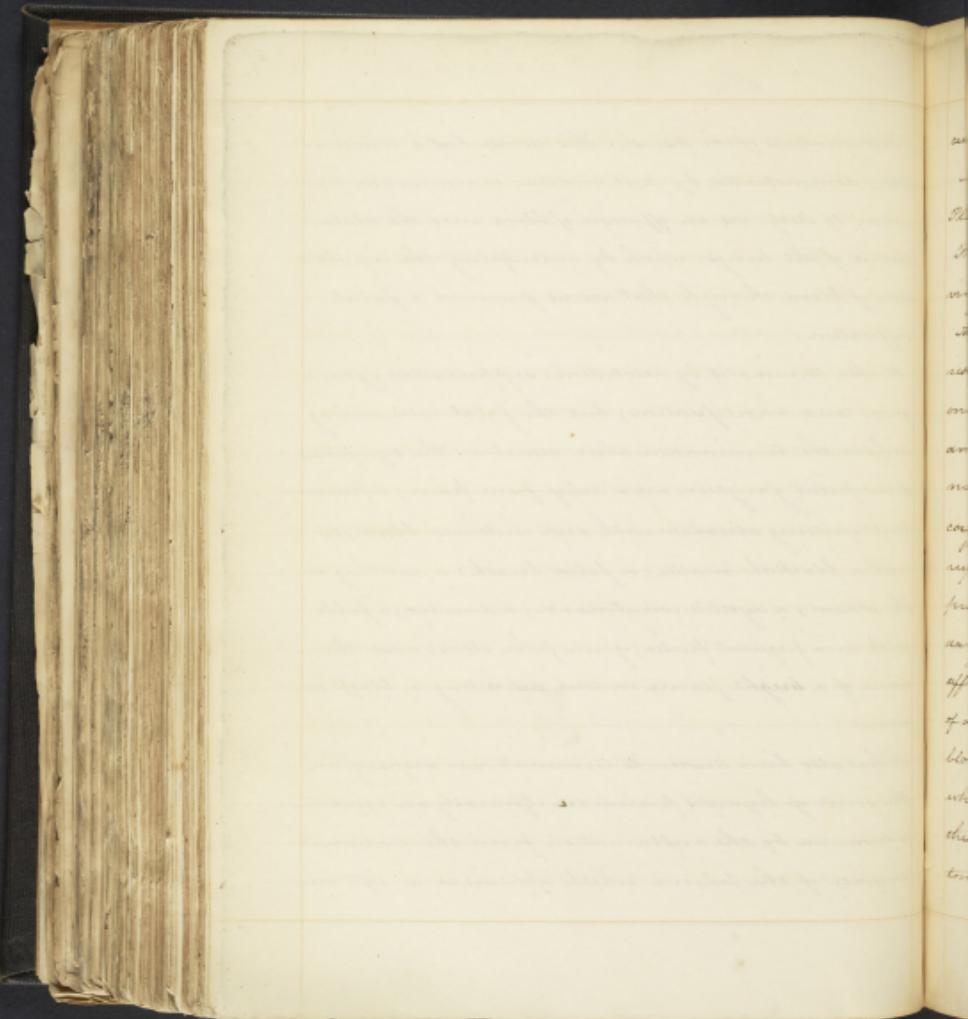
Causes. The remote cause of this disease is cold applied to the body, obstructing perspiration and producing a retardation of blood to the lungs. When this disease prevails as an epidemic it must also have a remote predisposing cause; this we must look for in the insensible qualities of the atmosphere, not in any variations of its temperature or humidity. When it appears as an epidemic, it is more dangerous than when sporadic. Among the exciting causes may be enumerated violent exertion in speaking, singing, playing on wind instruments of music, or any kind of exertion that gives inordinate action to the lungs; to these we may add the breathing of air adulterated by an admixture of deleterious vapours; such as the fumes of arsenic, of sulphur, or muriatic acid.



Terminations of the disease. This disease has a termination, demonstrated by post mortem examination peculiar to itself viz. an effusion of blood into the cellular texture of the lungs; which by interrupting the circulation of blood through that viscous produces a fatal suffocation.

It also terminates by resolution, suppuration, gangrene and mortification; but the fatal cases among us have the termination above described. The symptoms of incipient gangrene are a relief from pain; a purulent swelling streaked with deep contoured blood, or with a blackish matter; a fetid breath; a rattling in the throat; a dyed countenance; a dim eye; a pulse quick and frequent pulse; green fetid stools; and the wine of a bright flame colour depositing a black sediment.

It has also been known to terminate in dropsy, in the form of hydrocephalus pericarditis. Generally an exudation is produced by the inflammation from the internal surface of the pleura which appears as a soft vis-

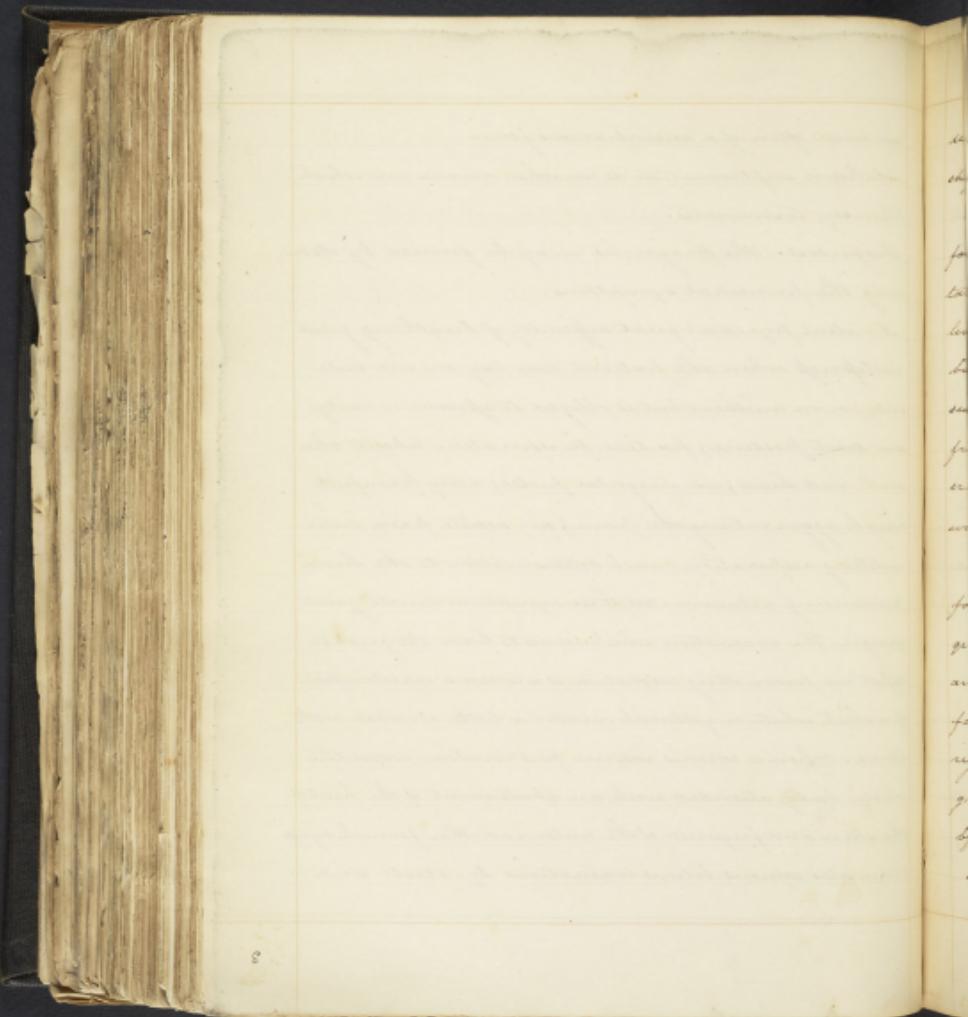


and crust often of a membranous form.

Adhesive inflammation is another mode in which Pleurisy terminates.

Prognosis. The prognosis may be formed by observing the principal symptoms.

A violent pyrexia; great difficulty of breathing, great restlessness when the patient can lay on one side only; or on neither, but is obliged to assume nearly an erect posture; partial perspiration about the neck and head; an irregular pulse; a dry painful cough aggravating the pain; an acute pain interrupting respiration; much delirium to the head producing delirium. All these symptoms denote great danger. The evacuation which seems to have the greatest effect in promoting resolution is a copious expectoration of a thick white or yellowish matter a little streaked with blood. When a copious warm perspiration covers the whole body, attended with an abatement of the heat of the skin and frequency of the pulse and other feverish symptoms, also copious bilious evacuations by stools and

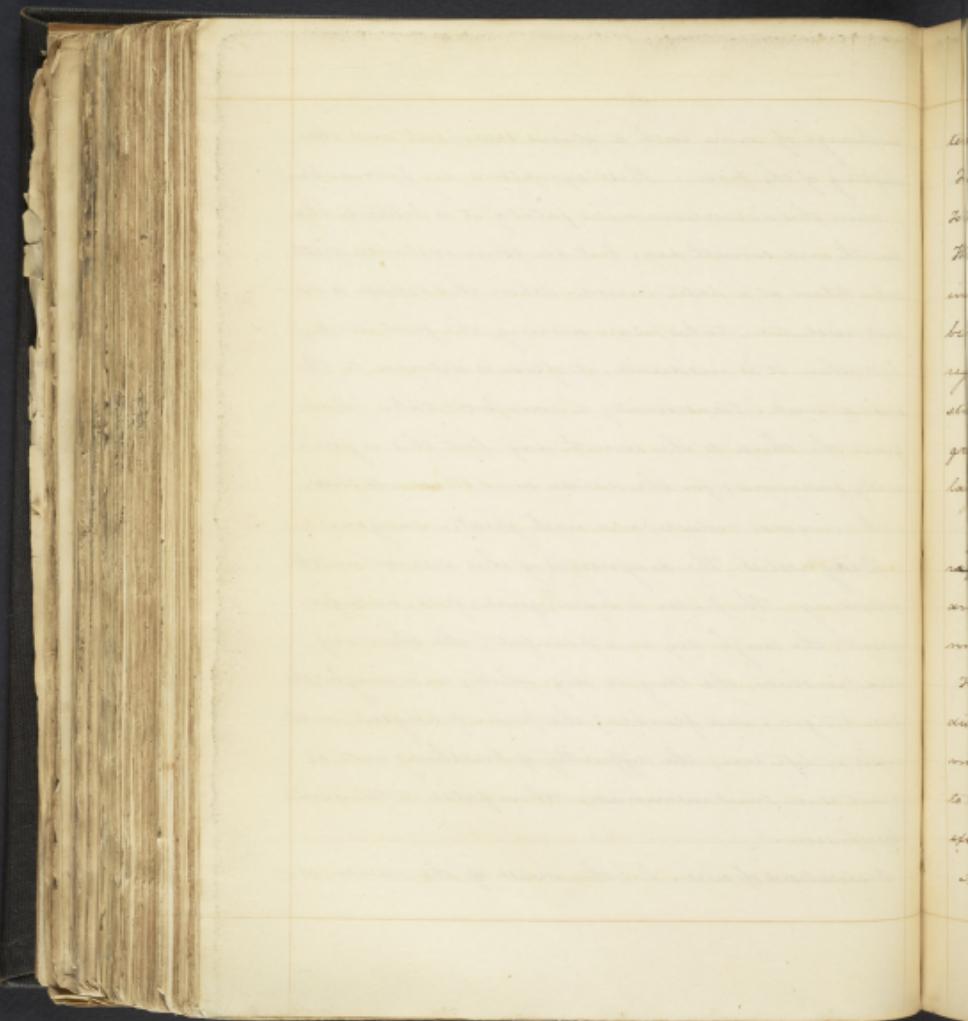


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discharge of urine with a copious sediment and the shifting of the pain. These symptoms are favourable. When this disease terminates fatally it is between the fourth and seventh day, but in some instances death takes place at a later period. When this disease is violent resolution takes place during the first week, but when it is moderate, it often is delayed to the second week. Occasionally a remission takes place from the third to the seventh day, but this is generally fallacious; for the disease sometimes returns with renewed violence and with greater danger.

Diagnosis. The diagnostics of this disease are the following. The pulse is hard, quick, full, and frequent; the cough dry and painful; the skin dry and parched, the tongue dry, white, and rough; the face turgid, and flushed; the pain prurigent in the right or left side; the difficulty of breathing not so great as in purpura monia; when fatal it terminates by effusion.

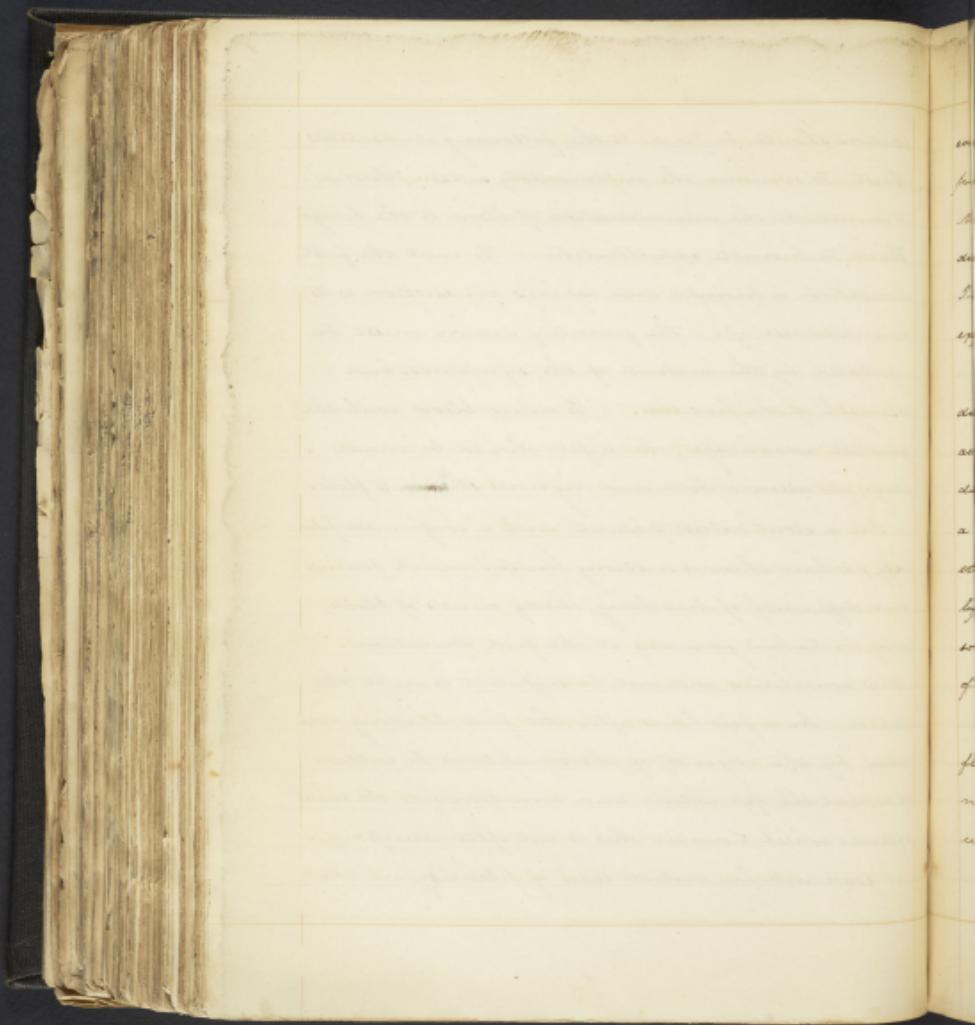
Indications of cure. In the course of the disease, at-



tention should be paid to the following indications
First. To overcome the inflammatory action; Second
To counteract the accumulation of blood to the lungs
Third. To promote expectoration. To meet the first
indication a prompt and copious venesection is to
be made use of. The quantity drawn must be
regulated by the violence of the symptoms, and
strength of the patient. To draw blood with the
greatest advantage, the orifice should be made
large, to allow a free and vigorous stream to flow.

In a stout robust patient, with a confirmed pleurisy, where there is a strong pulse, much pain,
and difficulty of breathing, thirty ounces of blood
may be taken generally at the first operation.

This sometimes will not be sufficient to arrest the
disease. In a few hours after the first bleeding we
may by the urgency of the symptoms be called
to repeat the operation and sometimes to the same
extent; which however this is not often necessary.
A good rule in violent cases of pleurisy, in the



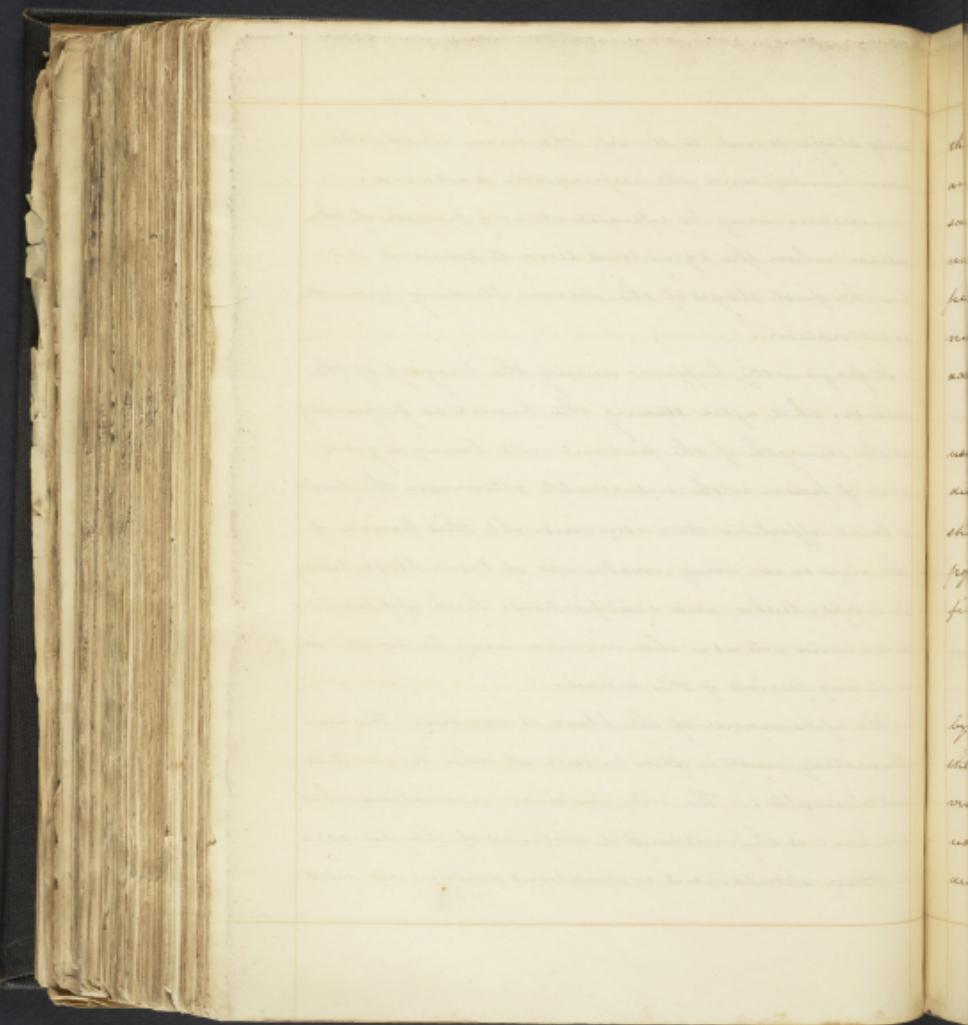
early stage is not to tie up the arm until the
pain ceases, and the respiration is relieved.

Amputation may be repeated at any period of the
disease when the symptoms seem to demand it.
In the first stages of the disease bleeding promotes
expectoration.

It frequently happens during the progress of the
disease, that after using the lancet as frequently
as the strength of the patient will bear, a good
deal of pain with considerable action in the part
a local affection still remains. At this period of
the disease we may make use of local blood letting
by cups, leeches, and scarifications. Such applications
sometimes act as a charm, and may be made use
of at any period of the disease.

The appearance of the blood is various. The in-
flammable crust is often present at other times. it is
not observable. The only criterion indications which
we have is the mildness or violence of the disease.

When spontaneous evacuations occur, and relieve

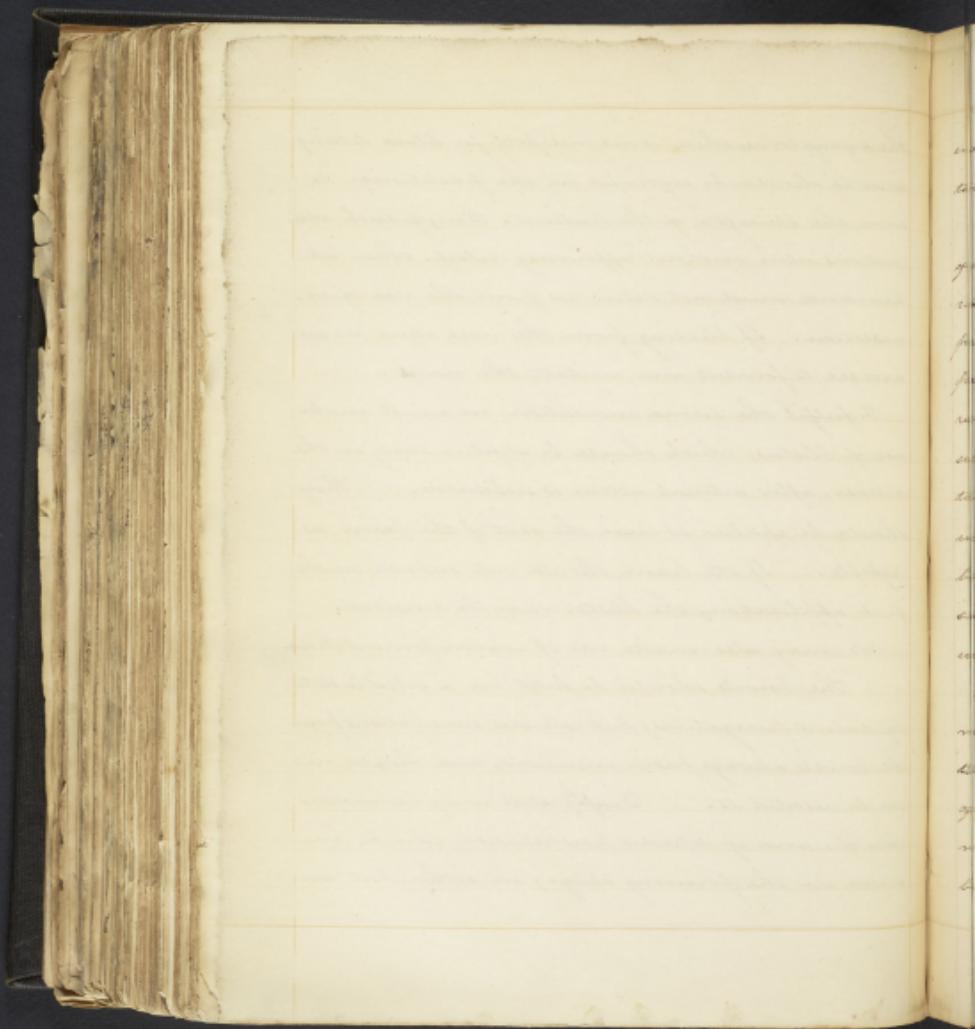


the symptoms, there is no necessity, for blood letting and it should be enjoined on the practitioner to save the strength of the patient. But, if such evanescations occur without affording relief, their appearance must not deter us from the use of resection. If bleeding from the nose occur we are advised to foment and irritate the nose.

To fulfil the second indication, we must make use of blisters, which should be applied early in the disease, after arterial action is subsisted. They should be applied as near the seat of the pain as possible. If the pain should not subside on the first application, the blister may be renewed.

We may also make use of warm fomentations.

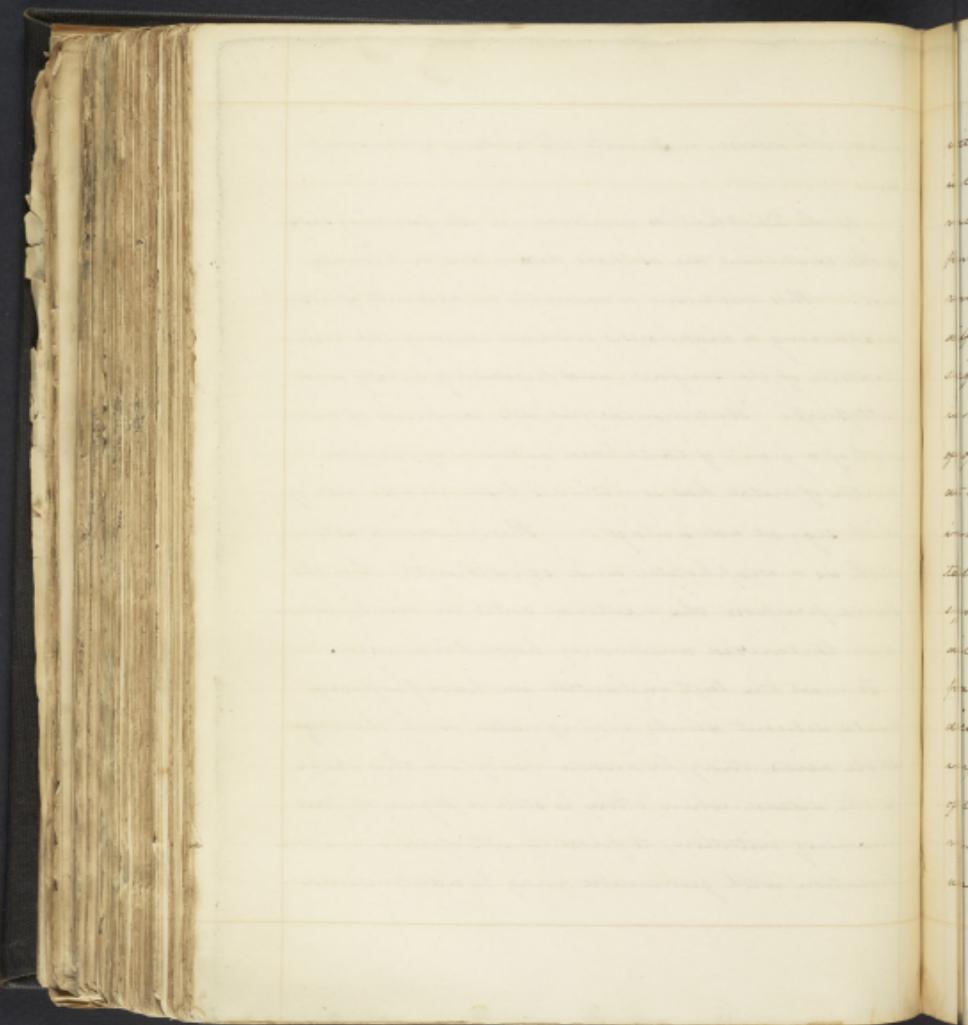
The bowels should be kept in a soluble state by saline purgatives; but copious evacuations from the bowels always prove injurious, and should never be resorted to. Diaphoretic may be made use of, and if copious perspiration can be induced in the forming stage, we either, put an



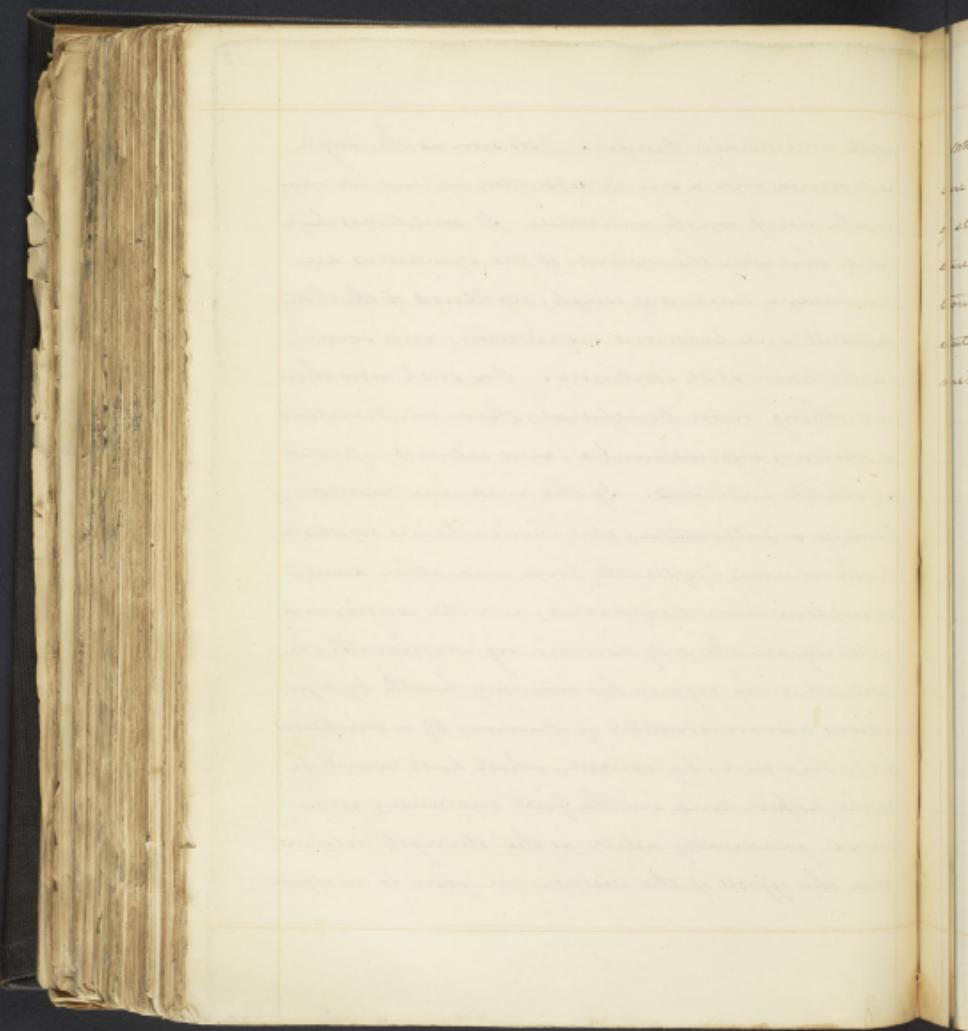
and the disease, or alleviate the violence of the symptoms.

of the Diaphoretics employed in the former stage of the complaint are colchic acid, or pliny root. This medicine is valuable on account of its producing a diaphoresis without raising the temperature of the surface, and procuring rest and quietness. Antimonial powders composed of one sixth of a grain of tartarized antimony, ten or twelve of nitre has sometimes been made use of with signal advantage. This medicine acts as both as a cicaphorotic and expectorant. For the same purpose the neutral salts in combination with tartarized antimony have been used.

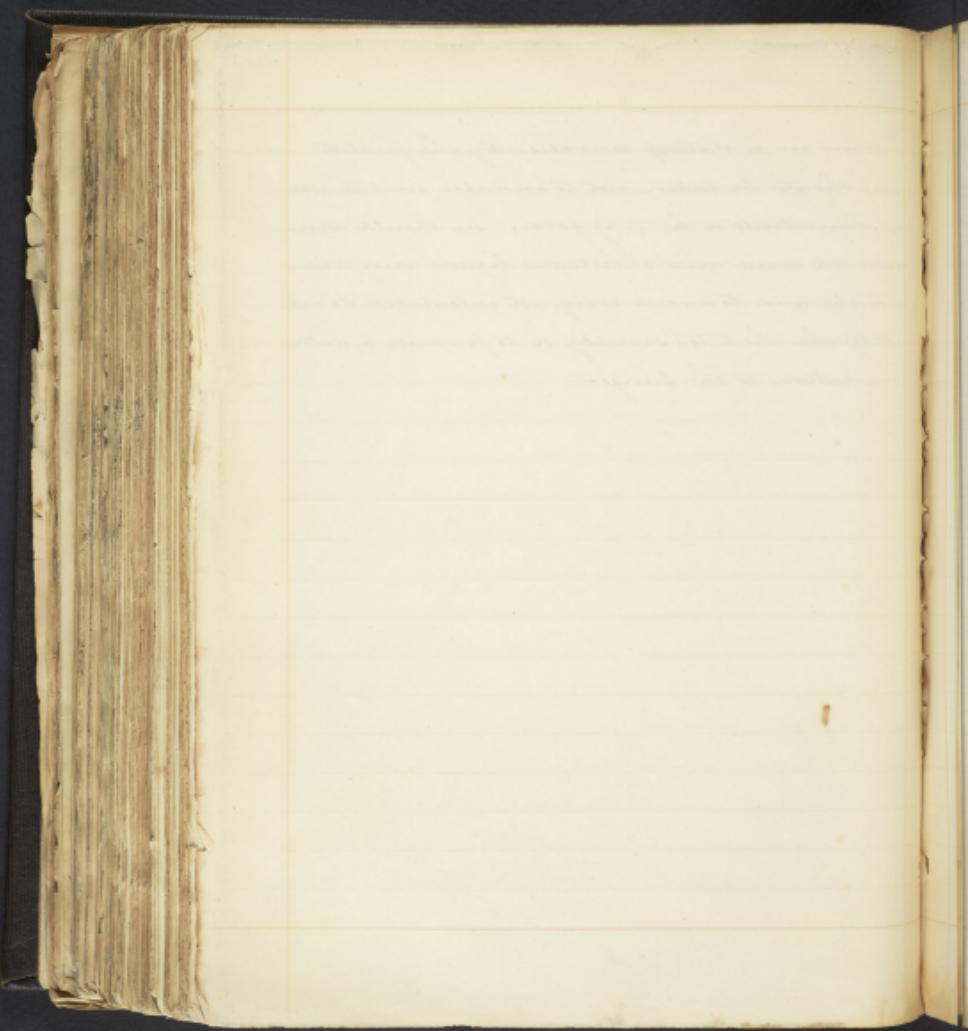
To meet the last indication we have proposed mild delusive drinks impregnated with the vegetable acids, may be made use of in this stage of the disease when there is still a degree of pulmonary irritation, to procure rest of mind in combination with gummatic may be administered.

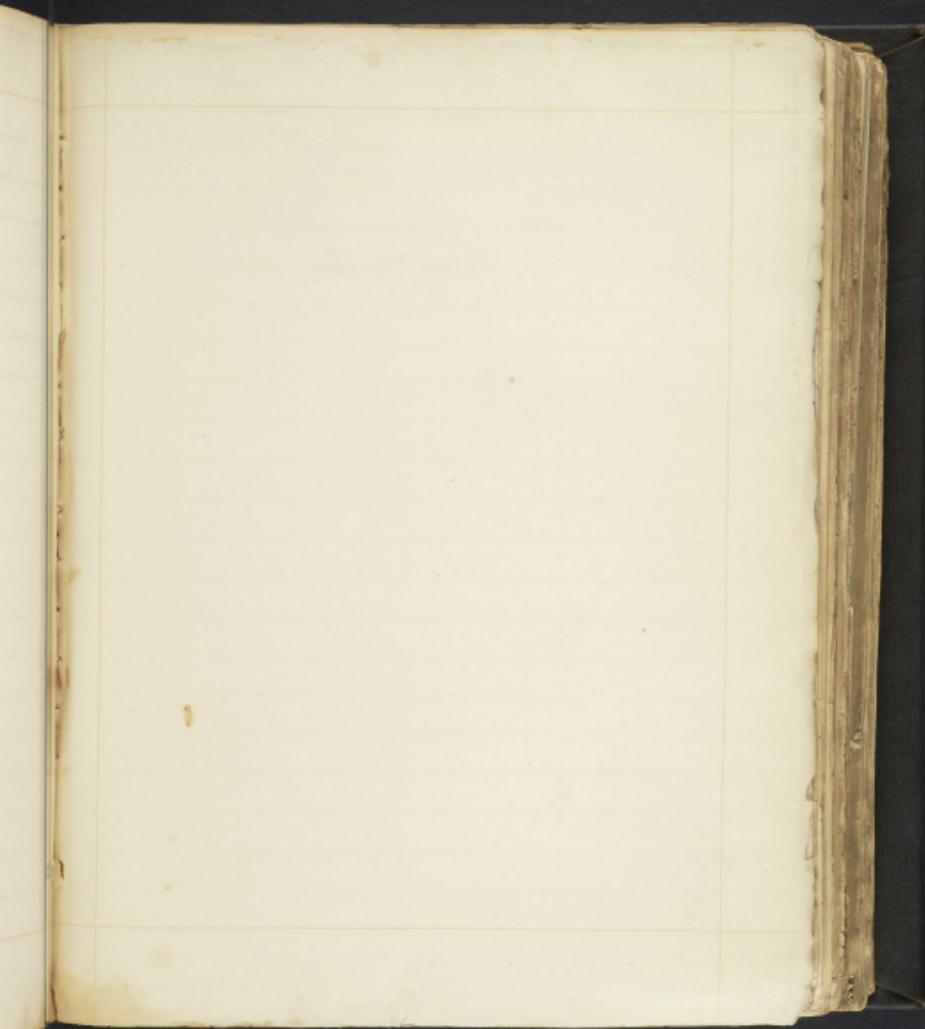


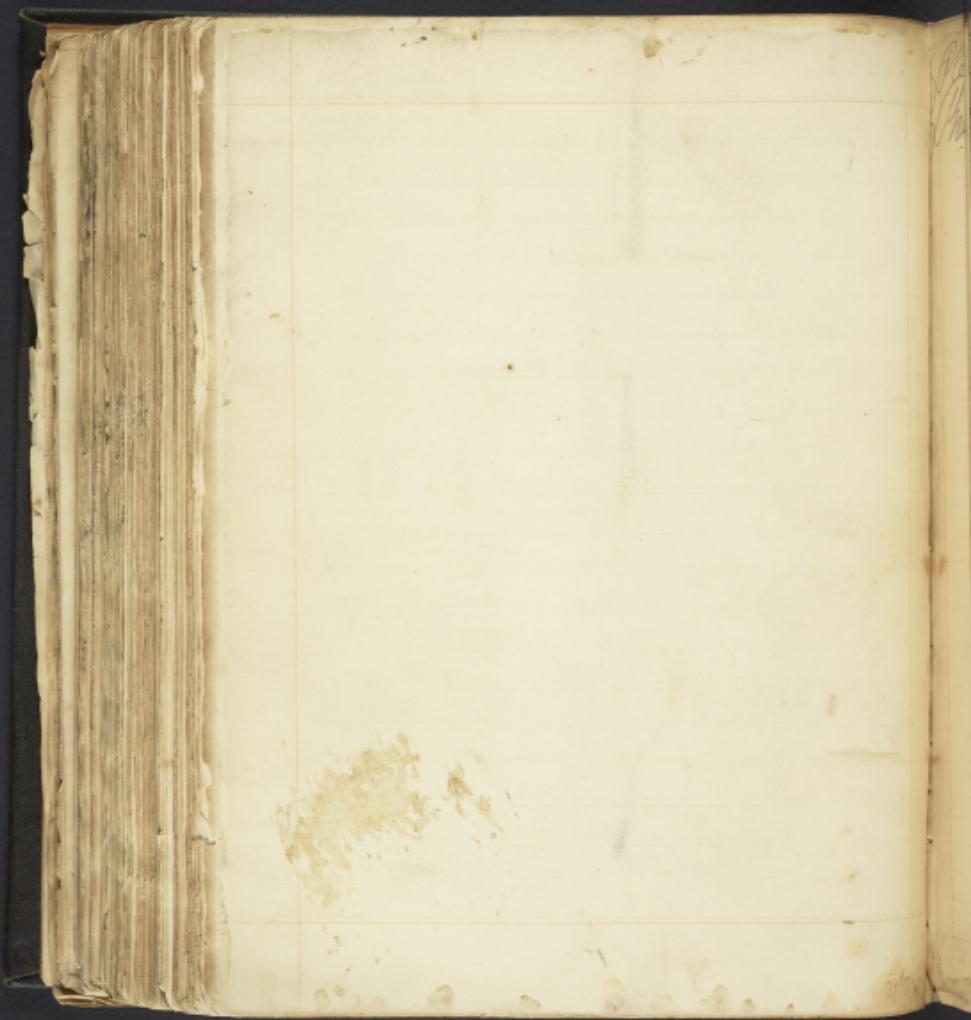
with considerable benefit. As soon as the cough is loosened and a free expectoration appears we may make use of cough mixtures. It sometimes happens, that after the violence of the symptoms are removed, a hard dry cough, tightness of the chest, difficult and laborious respiration, and some slight pain still continue. In such cases there is nothing more beneficial, than, combinations of opium, sphyriacanthia, and calonect repeated at stated intervals. If the mixture should induce a salivation, this should be no objection to the remedy. After the fever and other acute symptoms have disappeared, and the cough, and sibilancy are the only remaining complaints, the patient may regain his ordinary health by a judicious administration of opium, by a cautious infusoria diet, by exercise, which last must be of the passive kind in the first instance, and made gradually, after as the strength returns and the effects of the disease are seen to disappear.



When in a state of convalescence, the greatest care should be taken not to indulge in the use of stimulants or heating foods. He should venture on wine and spirituous liquors very, cautiously, and to avoid every act calculated to irritate the chest too severely or to produce a determination to the lungs.







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